

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000859

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

77  
FILED FEB 13 1962

3016

56

## 1. PLACE OF DEATH

a. COUNTY

COLE

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN JEFFERSON CITY

Length of stay in lb

20 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

HOME 1004 Broadway

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

COLE

c. CITY

OR TOWN

JEFFERSON CITY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

1004 Broadway

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

BEulah

M

SON

4. DATE OF DEATH

Month

Day

Year

2

4

62

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

9/28/07

## 9. AGE (last birthday)

54

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

COOK

## 10b. KIND OF BUSINESS OR INDUSTRY

J.C. Public School

## 11. BIRTHPLACE (City and state or country)

BARNETT MO

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

FRANK T. MIER

## 13b. MOTHER'S MAIDEN NAME

HANNAH JOBE

## 14. NAME OF HUSBAND OR WIFE

V.E. SON

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

V.E. SON

## Address

JEFFERSON CITY MO

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary occlusion

## INTERVAL BETWEEN ONSET AND DEATH

1 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Hypertension

3 years

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Frank leg

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

SUICIDE

HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

4/22/62

to

2/4/62

and last saw her

2/4/62

## Death occurred at

330

on

the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

W Kanagawa MD.

## 22b. ADDRESS

515 E High St

## 22c. DATE SIGNED

2/5/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

2/2/62

## 23c. NAME OF CEMETERY OR CREMATORY

ENLOE CEMETERY

## 23d. LOCATION (City, town, or county)

Russellville

## (State)

MO

## 24. FUNERAL DIRECTOR

ADDRESS

Steffens Funeral Home

Russellville

## 25. DATE REC'D BY LOCAL REG.

5 February 1962

## 26. REGISTRAR'S SIGNATURE

R. D. Darrin, Registrar

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*W. Steffen*

Licensed Embalmer No. 2307

P. O. Address Russellville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.